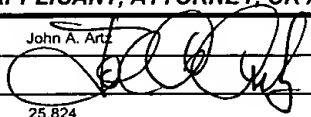


| CLAIMS  | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|---|---------|------------------|------------------|-------------------------------|------------------|
| TOTAL CLAIMS<br>(37 CFR 1.16(c) or (j))   |         | 8 -20* =         |                  | x \$ 9 =                      | \$ 0             |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b) or (i))   |         | 1 -3** =         |                  | x \$ 40 =                     | \$ 0             |
| MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))  |         |                  |                  | + \$ =                        |                  |
|   |         |                  |                  | BASIC FEE<br>(37 CFR 1.16)    | \$355.00         |
|   |         |                  |                  | Total of above Calculations = |                  |
| Reduction by 50% for filing by small entity (Note 37 CFR 1.27).   |         |                  |                  |                               |                  |
| * Reissue claims in excess of 20 and over original patent.<br>** Reissue independent claims over original patent. |         |                  |                  | TOTAL =                       | \$355.00         |

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0476 :
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$        is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

| 14. NEW CORRESPONDENCE ADDRESS                             |                      |  |                |          |                |
|--|----------------------|--|----------------|----------|----------------|
| <input type="checkbox"/> Customer Number or Bar Code Label |                      | or <input type="checkbox"/> New correspondence address below |                |          |                |
| (Insert Customer No. or Attach bar code label here)        |                      |  |                |          |                |
| Name   | John A. Artz         |  |                |          |                |
|  | Artz & Artz, P.C.    |  |                |          |                |
| Address  | 28333 Telegraph Road |  |                |          |                |
|  | Suite 250            |  |                |          |                |
| City   | Southfield           | State  | MI             | Zip Code | 48034          |
| Country  | United States        | Telephone  | (248) 223-9500 | Fax      | (248) 223-9522 |

| 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |  |
|---|--|
| Name (Print /Type)                                      | John A. Artz   |
| Signature   |  |
| Registration No. (Attorney/Agent)                       | 25,824   |
| Date  | May 18, 2001   |



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)  
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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 09/125,747        |
|  | Filing Date            | August 25, 1999   |
|  | First Named Inventor   | Fernand Torossian |
|  | Group Art Unit         | 1641              |
|  | Examiner Name          |                   |
| Total Number of Pages in This Submission   | Attorney Docket Number | TORO 0101 PUS     |

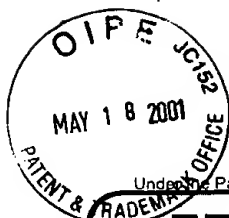
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| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                       |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>         |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i><br>CPA Transmittal |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | John A. Artz<br>Artz & Artz, P.C.<br>28333 Telegraph Road, Suite 250, Southfield, MI 48034 |
| Signature                                  |  |
| Date                                       | May 18, 2001   |

| CERTIFICATE OF MAILING  |               |      |              |
|---|---------------|------|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: May 18, 2001 |               |      |              |
| Typed or printed name   | Karen A. Hopf |      |              |
| Signature   |               | Date | May 18, 2001 |

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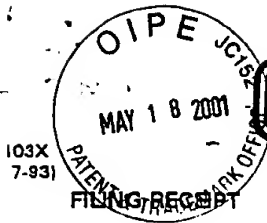
| FEE TRANSMITTAL<br>for FY 2001              |  | Complete if Known    |                          |               |
|---|--|----------------------|--------------------------|---------------|
|   |  | Application Number   | 09/125,747               |               |
| Patent fees are subject to annual revision. |  | Filing Date          | May 19, 2001             |               |
|   |  | First Named Inventor | Fernand Narbey Torossian |               |
|   |  | Examiner Name        |                          |               |
|   |  | Group Art Unit       | 1641                     |               |
| TOTAL AMOUNT OF PAYMENT (\$)                |  | 800.00               | Attorney Docket No.      | TORO 0101 PUS |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)   |                            |                            |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
|--|---|----------------------------|----------------------------|--|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|-------------------|-----|--------|-----|--------|---|--------------|--------------|----------------|----------|----|--|--|-----|-----|--------|-----|---|--------------------|-----|-----|-----|---------------|--|-----------------|----------|-------|-----|-----|---|------------------------|-----|-------|-----|-----|--|-----------------------------------|-----|-----|-----|-----|------------------|---------------------------------------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------------------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|-------------------|--|--|--|--|--------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 50-0476</p> <p>Deposit Account Name: </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   | <p>3. ADDITIONAL FEES</p> <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td>445</td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="5">Other fee (specify) Supplemental Amendment</td><td></td></tr><tr><td colspan="5">* Reduced by Basic Filing Fee Paid</td><td></td></tr><tr><td colspan="5">SUBTOTAL (3) (\$)</td><td>800.00</td></tr></tbody></table> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  | Fee Paid | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                   | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115          | 110            | 215      | 55 | Extension for reply within first month |  | 116 | 390 | 216    | 195 | Extension for reply within second month |                    | 117 | 890 | 217 | 445           | Extension for reply within third month | 445             | 118      | 1,390 | 218 | 695 | Extension for reply within fourth month |                        | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |                                   | 119 | 310 | 219 | 155 | Notice of Appeal |                                       | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510             | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) Supplemental Amendment |  |  |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) (\$) |  |  |  |  | 800.00 |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$)  | Fee Description            | Fee Paid                   |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 105  | 130   | 205                        | 65                         | Surcharge - late filing fee or oath  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 127  | 50  | 227                        | 25                         | Surcharge - late provisional filing fee or cover sheet                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 139  | 130   | 139                        | 130                        | Non-English specification  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 147  | 2,520   | 147                        | 2,520                      | For filing a request for <i>ex parte</i> reexamination                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 112  | 920*  | 112                        | 920*                       | Requesting publication of SIR prior to Examiner action                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 113  | 1,840*  | 113                        | 1,840*                     | Requesting publication of SIR after Examiner action                        |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 115  | 110   | 215                        | 55                         | Extension for reply within first month                                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 116  | 390   | 216                        | 195                        | Extension for reply within second month                                    |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 117  | 890   | 217                        | 445                        | Extension for reply within third month                                     | 445      |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 118  | 1,390   | 218                        | 695                        | Extension for reply within fourth month                                    |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 128  | 1,890   | 228                        | 945                        | Extension for reply within fifth month                                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 119  | 310   | 219                        | 155                        | Notice of Appeal   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 120  | 310   | 220                        | 155                        | Filing a brief in support of an appeal                                     |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 121  | 270   | 221                        | 135                        | Request for oral hearing   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 138  | 1,510   | 138                        | 1,510                      | Petition to institute a public use proceeding                              |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 140  | 110   | 240                        | 55                         | Petition to revive - unavoidable   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 141  | 1,240   | 241                        | 620                        | Petition to revive - unintentional   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 142  | 1,240   | 242                        | 620                        | Utility issue fee (or reissue)   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 143  | 440   | 243                        | 220                        | Design issue fee   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 144  | 600   | 244                        | 300                        | Plant issue fee  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 122  | 130   | 122                        | 130                        | Petitions to the Commissioner  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 123  | 50  | 123                        | 50                         | Petitions related to provisional applications                              |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 126  | 240   | 126                        | 240                        | Submission of Information Disclosure Stmt                                  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 581  | 40  | 581                        | 40                         | Recording each patent assignment per property (times number of properties) |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 146  | 710   | 246                        | 355                        | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 149  | 710   | 249                        | 355                        | For each additional invention to be examined (37 CFR § 1.129(b))           |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 179  | 710   | 279                        | 355                        | Request for Continued Examination (RCE)                                    |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 169  | 900   | 169                        | 900                        | Request for expedited examination of a design application                  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| Other fee (specify) Supplemental Amendment   |   |                            |                            |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| * Reduced by Basic Filing Fee Paid   |   |                            |                            |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| SUBTOTAL (3) (\$)  |   |                            |                            |  | 800.00   |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| <p>1. BASIC FILING FEE</p> <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>355</td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1) (\$)</td><td>355</td></tr></tbody></table> <p>2. EXTRA CLAIM FEES</p> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>2</td><td>-20** =</td><td></td><td>0</td></tr><tr><td>1</td><td>-3** =</td><td></td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table> <p>Large Entity Small Entity</p> <table border="1"><thead><tr><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2) (\$)</td><td></td></tr></tbody></table> <p>**or number previously paid, if greater; For Reissues, see above</p> | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description            | Fee Paid   | 101      | 710 | 201 | 355 | Utility filing fee | 355                                 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208   | 355 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | SUBTOTAL (1) (\$) |     |        |     |        | 355   | Total Claims | Extra Claims | Fee from below | Fee Paid | 2  | -20** =                                |  | 0   | 1   | -3** = |     | 0                                       | Multiple Dependent |     |     |     | Fee Code (\$) | Fee Code (\$)                          | Fee Description | Fee Paid | 103   | 18  | 203 | 9                                       | Claims in excess of 20 |     | 102   | 80  | 202 | 40                                     | Independent claims in excess of 3 |     | 104 | 270 | 204 | 135              | Multiple dependent claim, if not paid |     | 109 | 80  | 209 | 40                                     | ** Reissue independent claims over original patent |     | 110 | 18  | 210 | 9                        | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) (\$) |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$)  | Fee Description            | Fee Paid                   |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 101  | 710   | 201                        | 355                        | Utility filing fee   | 355      |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 106  | 320   | 206                        | 160                        | Design filing fee  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 107  | 490   | 207                        | 245                        | Plant filing fee   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 108  | 710   | 208                        | 355                        | Reissue filing fee   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 114  | 150   | 214                        | 75                         | Provisional filing fee   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| SUBTOTAL (1) (\$)  |   |                            |                            |  | 355      |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| Total Claims   | Extra Claims  | Fee from below             | Fee Paid                   |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 2  | -20** =   |                            | 0                          |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 1  | -3** =  |                            | 0                          |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| Multiple Dependent   |   |                            |                            |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| Fee Code (\$)  | Fee Code (\$)   | Fee Description            | Fee Paid                   |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 103  | 18  | 203                        | 9                          | Claims in excess of 20   |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 102  | 80  | 202                        | 40                         | Independent claims in excess of 3  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 104  | 270   | 204                        | 135                        | Multiple dependent claim, if not paid                                      |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 109  | 80  | 209                        | 40                         | ** Reissue independent claims over original patent                         |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| 110  | 18  | 210                        | 9                          | ** Reissue claims in excess of 20 and over original patent                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |
| SUBTOTAL (2) (\$)  |   |                            |                            |  |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                   |     |        |     |        |   |              |              |                |          |    |  |  |     |     |        |     |   |                    |     |     |     |               |  |                 |          |       |     |     |   |                        |     |       |     |     |  |                                   |     |     |     |     |                  |                                       |     |     |     |     |  |  |     |     |     |     |                          |  |     |                   |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |                   |  |  |  |  |        |

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| 08/347,322         | 01/30/95    | 1813         | \$490.00      | 940228              | 0     | 6      | 1      |

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